



Internal Services Department

Parking Operations

West Lot Building

200 N. W. 2nd Avenue • Suite 216 • Miami • FL • 33128

Phone: (305) 679-PARK (7275) Fax: 305 579-4597

Email: Parking-Operation@miamidade.gov

OFFICE USE / CANCELLATION RECEIPT

Date Received: _____

ISD Staff Signature: _____

Customer Signature: _____

MONTHLY KEY CARD/HANGTAG
CANCELLATION FORM

NOTE: All cancellations MUST be made in writing. You may either submit a written letter or fill out our official Cancellation Form (available at the Parking Operations Website). Your cancellation request may be emailed at Parking-Operation@miamidade.gov faxed to 305 579-4597 or dropped at our central office.

Parking fees will continue to accrue until written cancellation is received and processed by our office staff.

NAME/LAST NAME: _____ KEY CARD NUMBER: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

COMPANY NAME: _____

WORK ADDRESS: _____ CITY: _____ ZIP: _____

WORK PHONE: _____ WORK EMAIL: _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG NUMBER: _____ COLOR: _____ COUNTY VEHICLE # _____

(County Vehicles Only)

INDEX CODE # _____

(County Vehicles Only)

MIAMI-DADE COUNTY EMPLOYEES ONLY

____ I AM EMPLOYED WITH MIAMI-DADE COUNTY DEPARTMENT NAME: _____

____ I WILL NO LONGER BE EMPLOYED BY MIAMI-DADE COUNTY

LAST FOUR NUMBERS OF SOCIAL XXX-XX-_____ EMPLOYEE I.D. # _____

OFFICE USE ONLY

KEY CARD CANCELLATION DATE: _____ FACILITY ASSIGNED: _____

KEY CARD RETURNED YES____ NO____ KEY CARD REFUND AMOUNT: _____

REFUND MAILING ADDRESS:

ADDRESS: _____ CITY: _____ ZIP: _____

AS400 SYSTEM ON _____ SMART CARTRIDGE ON _____ SECURITY ACCESS LEVEL _____

COMMENTS: _____